. No. 2
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FILED NOV 5 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35198

State File No.

Registration District No. 208 — Primary Registration District No. 5764 — Registrar's No. 50

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Marion
(b) City or town ~~Warren~~ Mo W [illegible] (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe City, R.F.D. 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — In this community 40 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 064
(c) City or town Warren Mo (If outside city or town limits, write "RURAL") 0
(d) Street No. Monroe City, R.F.D. 3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Clara May Bell Armantrout
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Shirly A.
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased September 28 (Month) (Day) 1871 (Year)
8. AGE: Years 72 Months 0 Days 12 If less than one day ... hr. ... min.
9. Birthplace Sullivan (City, town, or county) Illinois (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Mathias Lehman
13. Birthplace Detroit (City, town, or county) Michigan (State or foreign country)
MOTHER 14. Maiden name Margarett Brosah
15. Birthplace Covington (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Colleen Armantrout
(b) Address Warren, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Andrew Chapel
18. (a) Signature of funeral director Nilson + Sons
(b) Address Monroe City Mo
19. (a) 10/12/43 (Date received local registrar) (b) Mrs Margaret Madden Deputy (Registrar's signature)

1143

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th year 1943 hour 5 minute 20 P. M.
21. I hereby certify that I attended the deceased from Sept 7, 1943, to Oct 10, 1943
that I last saw her alive on October 10, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorehage	33 Da
Due to Arterio Sclerosis	5 Yr.
Due to	
Other conditions (Include pregnancy within 3 months of death) 830	
Major findings: Of operations	
Of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? Means of injury
23. Signature [illegible] (M. D. ~~or other~~)
Address Monroe City Mo Date signed 10/11/43

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by By Me, Registered Apprentice No. ....., working under my personal supervision.

Signed Leslie L Hudson

Licensed Embalmer No. 3014

P. O. Address Hannibal, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.